

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

February 25, 2026

[REDACTED], OWNER
THE VINEYARD PERSONAL CARE HOME INC
3030 COLUMBIA AVENUE
LANCASTER, PA, 17603

RE: THE VINEYARD PERSONAL CARE
HOME
3030 COLUMBIA AVENUE
LANCASTER, PA, 17603
LICENSE/COC#: 32503

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/21/2026 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE VINEYARD PERSONAL CARE HOME* License #: 32503 License Expiration: 09/22/2026
 Address: 3030 COLUMBIA AVENUE, LANCASTER, PA 17603
 County: LANCASTER Region: CENTRAL

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *THE VINEYARD PERSONAL CARE HOME INC*
 Address: 3030 COLUMBIA AVENUE, LANCASTER, PA, 17603
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: 04/11/2003 Issued By: *L & I*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 38 Waking Staff: 29

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: 01/21/2026

Inspection Dates and Department Representative

01/21/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 42 Residents Served: 38
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 30 Are 60 Years of Age or Older: 26
 Diagnosed with Mental Illness: 28 Diagnosed with Intellectual Disability: 6
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

01/21/2026 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 02/07/2026

02/05/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/06/2026
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: 02/12/2026

Inspections / Reviews *(continued)*

02/25/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/06/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

20b1 - Financial Records

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for resident #1 and #4:

- *On 1/21/26 the home's financial records reflected having cash in the home for resident #1 to the amount of \$1,501. However, resident #1 was found to have \$1,532 being held in cash.*
- *On 1/21/26 the home's financial records reflected having cash in the home for resident #4 to the amount of \$1,015. However, resident #1 was found to have \$1,100 being held in cash.*

Plan of Correction

Accept () - 02/05/2026)

The Vineyard Personal Care Home failed to ensure that resident financial records were maintained with the correct amounts stated on their financial documents.

1. *On 01/22/2026 the administrator reviewed the financial record of resident 1 and 4. The excess funds were corrected and the residents were given the option to either sign out the excess monies or deposit into their account.*
2. *All staff responsible for managing resident funds were re-educated on 5 PA code 2600.20(b)(1) . Proper documentation and monitoring the resident funds transactions. Training will be complete and documented within 10 days of this violation.*
- 3 *Ongoing monitoring, The administrator will review resident financial records weekly after monies are given to residents, to ensure balance remains accurate. Quarterly the monies will be counted again by the administrator and then those quarterly statements will go into the resident file. The weekly and quarterly audits will ensure accuracy, compliance and timely corrections to any discrepancies.*
4. *Ongoing compliance will be maintained through monitoring . This monitoring will have no end date. Going forward there will always be 2 staff people present when doing resident money so both can count for accuracy.*

Licensee's Proposed Overall Completion Date: 01/28/2026

Implemented () - 02/25/2026)

57b - 1 Hour/Day

2. Requirements

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On 1/7/26, there were 38 residents in the home, requiring a minimum of 38 hours of direct care service. On this day, only 36 hours of direct care staffing was provided.

On 1/11/26, there were 38 residents in the home, requiring a minimum of 38 hours of direct care service. On this day, only 25 hours of direct care staffing was provided.

57b - 1 Hour/Day (continued)

Repeated Violation-9/17/24, et al.

Plan of Correction

Accept () - 02/05/2026

1. The Vineyard Personal Care Home did not ensure that sufficient direct care staff persons were available to provide at least one hour per day of personal care services to each mobile resident based on the current census of 38.

2. Effective immediately the facility adjusted existing direct care staff assignments and schedules to prioritize personal care services. Redistributing duties has been implemented to ensure that mobile residents receive personal care services daily. A staff member that was on leave for medical will be returning, to help fill in these hours.

3. Based on a census of 42 residents, the facility determined that 1 additional part time direct care staff person is required to consistently meet the minimum one hour per day personal care service.

The direct care staff position was posted on 01/22/2026. Applicants screenings and interviews will be completed. The newly hired staff person will complete orientation and the required training prior to working on the floor. Staffing levels will be reviewed by the administrator whenever census or resident care needs change to ensure continued compliance with 2600.57(b)

The administrator will review the weekly staffing schedules and daily personal care services to verify that each mobile resident receives at least 1 hour per day of personal care services. Monitoring will be conducted weekly for 90 days. Any identified noncompliance will be addressed immediately through staffing adjustments or corrective actions.

Licensee's Proposed Overall Completion Date: 01/28/2026

Implemented () - 02/25/2026

57d - Waking Hours

3. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 1/4/26, a total of 28.5 hours of direct care was required during waking hours. However, only 28 of the required hours were provided for 38 residents.

On 1/11/26, a total of 28.5 hours of direct care was required during waking hours. However, only 17 waking hours were provided for 38 residents.

Repeated-9/17/24, et al.

Plan of Correction

Accept () - 02/05/2026

The vineyard Personal care did not ensure that the required number of awake direct care staff were present during waking hours to meet the needs of the residents in a 42 bed facility.

Effective immediately the facility corrected staffing to ensure that the required number of awake direct care staff are present during waking hours. The facility ensure that a minimum of two awake direct care staff persons are scheduled and on duty during waking hours in accordance to the resident needs. Staffing schedules were adjusted with staff member returning after a medical leave and a parttime staff member will be hired to help fill in the gaps. The administrator will review the staffing schedules weekly for 90 days then monthly thereafter to ensure

57d - Waking Hours (continued)

compliance with waking hours. Any staffing concerns will be corrected immediately.

Licensee's Proposed Overall Completion Date: 01/28/2026

Implemented () - 02/25/2026)

101j2 - Bedroom Chairs**4. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom #4 is occupied by 2 residents; however, there is only 1 chair in this room. Bedroom #9 is occupied by 2 residents; however, there are no chairs in this room.

Plan of Correction

Accept () - 02/05/2026)

At the time of inspection two of the rooms did not have enough chairs in their bedroom's.

immediately on 1/22/2026 staff completed a full review of each resident bedroom to ensure each resident has a chair located in their bedroom. Rooms found without a chair were immediately corrected to ensure full compliance with 2600.101(j)(2)

Staff were re-educated on DHS regulations, emphasizing that chairs must remain in resident rooms even if they are folding chairs. Chairs may not be removed from the common areas to be placed in rooms. The administrator will ensure an adequate supply of chairs is maintained.

Monthly audits of residents bedrooms to verify that each room contains a chair that meets the residents needs.

Results will be documented and any missing chair will be replaced immediately. Audits will be ongoing for 90 days.

Licensee's Proposed Overall Completion Date: 01/28/2026

Implemented () - 02/25/2026)

141b1 - Annual Medical Evaluation**5. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's most recent medical evaluation was completed on [REDACTED] The resident's previous medical evaluation was completed on [REDACTED]

Plan of Correction

Accept () - 02/05/2026)

Residents 3 had a medical evaluation completed but not within the time frame.

Going forward the residents who have case managers and outside PCP, the administrator will notify the case managers 2 months prior to the medical evaluation due date.

The administrator does have a tracking system in place to monitor the evaluation due dates. reminders will be set on the calendar for 2 months prior for calling case managers about these evaluations, Administrator will continue to review medical evaluation status during quarterly record reviews. Findings will be documented and any overdue

141b1 - Annual Medical Evaluation (continued)

evaluations will be addressed immediately.

The administrator is responsible for ensuring compliance with this regulation.

Licensee's Proposed Overall Completion Date: 01/29/2026

Implemented () - 02/25/2026)

185a - Implement Storage Procedures**6. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The following documentation errors were found for resident #1 for their prescribed 8:00 am blood sugar measurements:

- *On 1/7/26, the glucometer recorded a blood sugar reading of 167 and the Medication Administration Record (MAR) recorded 176.*
- *On 1/13/26, the glucometer recorded a blood sugar reading of 163 and the MAR recorded 144.*
- *On 1/21/26, the glucometer recorded a blood sugar reading of 162 and the MAR recorded 152.*

On 1/21/26, at approximately 1:30 pm, a medication card for resident #3 containing PRN Acetaminophen 325 MG was found having torn foil backing exposing the medication.

Plan of Correction

Accept () - 02/05/2026)

Glucose readings were transcribed incorrectly from the monitor to the MAR.

On 01/22/2026 all glucose monitors were checked for proper functioning and cleared of prior readings.

Going forward staff are aware that they must look at the blood glucose reading and not just listen to what the resident is telling them. With staff looking at the number will help with documenting the correct number in to the MAR.

Staff will start using the double - check process to ensure correct numbers are documented.

Two staff members together will check the glucose monitors monthly , with one staff reading the numbers and the other checking the numbers for accuracy , This will be ongoing for 3 months. Any discrepancies will be brought to the administrators attention immediately

the administrator will re-educate all med techs on the glucose monitors with in 10 days of this violation.

Starting immediately during med cart audits all PRN blister packs will be examined for and breaks in foils.

at times the PRN drawer is full and packs get shoved in causing breakage in the foils. Med tech staff will be more observant when placing PRNs in the drawer.

Administrator is currently looking in to getting more med carts. administrator has a meeting set up with the pharmacy on Feb 3rd. With more med carts will create more room and less shoving packets into drawers causing breaks in packaging.

Licensee's Proposed Overall Completion Date: 01/30/2026

Implemented () - 02/25/2026)

187d - Follow Prescriber's Orders

7. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Trulicity 4.5 MG. However, the resident Medication Administration Record (MAR) recorded resident #1 was administered 3 MG on 1/2/26.

Resident #2 is prescribed Novolog Flex pen 100/ML per the following sliding scale 3 times a day: 0-149 = 0 units, 150-199 = 1 Unit, 200-249 = 2 units, 250-299 = 3 units, 300-349 = 4 units, 350-400 = 5 units, >400 = 6 units and call MD: On the following days resident #2 was administered incorrect units:

- *On 1/4/26 at 3:02 pm, the recorded blood sugar measurement was 329, and 3 units were administered.*
- *On 1/9/26 at 7:51 am, the recorded blood sugar measurement of 429, and 0 units were administered.*
- *On 1/9/26 at 11:59 am, recorded blood sugar measurement of 227, and 3 units were administered.*

Plan of Correction

Accept ([REDACTED]) - 02/05/2026)

On 3 occasions the the prescribed sliding scale insulin was not correct.

Immediately the administrator reviewed the sliding scale and MAR. Resident 2 is currently receiving insulin exactly as ordered based on blood glucose readings. The administrator reviewed the incident with the medication staff involved to ensure understanding of prescribed sliding scale. Following prescribers orders exactly as written. Verifying blood glucose results against the correct insulin dose prior to administration.

Retraining will be completed within 15 days of this plan of correction.

A double check process will be implemented for all sliding scale insulin.

The administrator will conduct a weekly MAR audit for all sliding scale insulin for 30 days. Audits will confirm, blood glucose readings are documented, insulin doses match the prescribed sliding scale. and medications are administered as ordered.

Any discrepancies identified will be addressed immediately with staff and documented.

Resident 1 was prescribed Trulicity 4.5 mg, however the medication record reflected that the medication staff administered 3mg of Trulicity. resident 1 was on 3 mg and then the order was changed to 4.5. Both orders were in the medication record. but only the 4.5 insulin was present in the home. The correct dose was given but not documented correctly.

Immediately the administrator found the new order to confirm then took the old 3mg order out of the MAR.

Staff will be retrained on verifying the prescribers orders, proper MAR documentation, and the requirement to clarify and resolve any discrepancies with the provider.

Training will completed by Feb 4th.

The administrator will conduct weekly MAR audits for 30 days followed by monthly audits for 2 months to ensure continued compliance with prescriber orders. any identified issues will be addressed immediately with corrective action and additional education as needed.

Licensee's Proposed Overall Completion Date: 01/29/2026

Implemented ([REDACTED]) - 02/25/2026)